



Supplemental Application Data Sheet

Application Information

Application number:: 10/656,476
Filing Date:: September 5, 2003
Application Type:: Regular
Subject Matter:: Utility
Title:: Self-Service Customer License Management Application
Using Software License Bank
Attorney Docket Number:: BEAS-01454US5
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: 2
Total Drawing Sheets:: 4
Small Entity?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: Carey
Middle Name:: E.
Family Name:: Garibay
Name Suffix::
City of Residence:: Campbell
State or Province of Residence:: California
Country of Residence:: United States
Street of mailing address:: 75 North Second Street

City of mailing address:: Campbell
State or Province of mailing address:: California
Country of mailing address:: United States
Postal or Zip Code of mailing address:: 95008
Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: Quoc
Middle Name::
Family Name:: Le
Name Suffix::
City of Residence:: Burlingame
State or Province of Residence:: California
Country of Residence:: United States
Street of mailing address:: 1219 Bellevue Avenue, Apt. 6
City of mailing address:: Burlingame
State or Province of mailing address:: California
Country of mailing address:: United States
Postal or Zip Code of mailing address:: 94010
Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: Eva
Middle Name::
Family Name:: Tsai
Name Suffix::

City of Residence:: Cupertino
State or Province of Residence:: California
Country of Residence:: United States
Street of mailing address:: 20693 Cheryl Drive
City of mailing address:: Cupertino
State or Province of mailing address:: California
Country of mailing address:: United States
Postal or Zip Code of mailing address:: 95014

Correspondence Information

Correspondence Customer Number:: 23910
Phone number:: (415) 362-3800
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Representative Information

Representative Customer Number:: 23910

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/485,867	07/09/03
<u>This Application</u>	<u>An application claiming the benefit under 35 USC 119(e)</u>	<u>60/475,456</u>	<u>06/03/03</u>

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name:: Bea Systems, Inc.
Street of mailing address:: 2315 North First Street
City of mailing address:: San Jose
State or Province of mailing address:: California
Country of mailing address:: United States
Postal or Zip Code of mailing address:: 95131